



For eligibility requirements, please refer to [Child Care Support for Professional Travel](#)

Faculty Information			
Last Name:		First Name:	
Department:		Email:	
Position:	<input type="checkbox"/> Post-Doctoral Associate <input type="checkbox"/> Post-Doctoral Fellow <input type="checkbox"/> Assistant Professor <input type="checkbox"/> Associate Professor on Term		

Purpose of Travel	
Description of purpose of travel:	
Date(s) of activities:	Location(s):
Role in activities (presentation, panel organizer, researcher, etc.) (attach documentation that confirms this role):	

Dependent Information				
First Name	Last Name	Age	Address	Relationship to Applicant

Reason for Needing Dependent Care (single parent, child must also travel, spouse/partner not available, etc.)

Expense Information			
Please list your receipts for payment of services. <u>Attach</u> receipts to this form.			
Date	Paid To	Services Rendered	\$ Amount
TOTAL (maximum of \$1,000 per fiscal year):			

Submit completed form and receipts to:
Abigail Scott, Office of the Provost, 2 Whitney Grove Square, Suite 400; or abigail.scott@yale.edu

Employee Signature:		Date:	
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